

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age is shown on

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 937

00606

FILM No. I 00 FEB 5 1946

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

## 1. PLACE OF DEATH:

County GarrettCity or town Oakland, Maryland.  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Around 50 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Oakland, Maryland.  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3.(a) FULL NAME

Ester Hesen Bell

## 3.(b) Social Security Number

None

## 4. Sex

Female

## 5. Color or race

White

## 6.(a) Single, married, widowed, or divorced

Widow.

## 6.(b) Name of husband or wife

Floyd BellDeceased

6.(c) If alive, give age \_\_\_\_\_ years

## 7. Birth date of deceased (mo., day, yr.)

Jan 20th, 1860

## 8. AGE:

85

Years

Months

86

Days

11

If less than one day

19

hrs.

min.

## 9. Birthplace

Grafton, W. Va.

(Town, county, and state)

## 10. Usual occupation

House wife

## 11. Industry or business

## FATHER

## 12. Name

Bernard Hesen.

## 13. Birthplace

Germany.

## MOTHER

## 14. Maiden name

Sidney Merrill.

## 15. Birthplace

Oakland, Md.

## 16. Informant

Mrs. James Bell.

## Address

Oakland, Md.

## 17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof Jan 10/46

(month) (day) (year)

## Cemetery or crematory

Oakland Cemetery.

## Location

Oakland, Md.

## 18. Funeral director

Emory D. Bolden

## Address

Oakland, Md.

## 19.

Jan 10 - 1946

(Date rec'd by registrar)

Julia Rawan

Registrar

## MEDICAL CERTIFICATION

A.M.

20. DATE OF DEATH January 8th 1946 at 6:45 P21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 10, 1945 to January 8, 1946and that I last saw her alive on January 7, 1946

Immediate cause of death

Pneumonia.

DURATION

Due to

Primary occlusion.

Due to

Septicemic heart disease

Other conditions

Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury

Injured at work?

23. SIGNATURE

A. S. Pham

M. D. or other

Address

Oakland Md

Date signed

9 Jan 46

RECEIVED  
JAN 28 1946  
BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 926

## CERTIFICATE OF DEATH

00607, 66  
★ Reg. Dist. No.

1. PLACE OF DEATH:  
County Garrett  
City or town Rural Mt. Lake Park  
(If outside city or town limits, write RURAL and give nearest town)  
58 yrs.  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
-----  
How long in hospital or institution?-----

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Garrett  
City or town Mt. Lake Park  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 1 Mi. S E Mt. Lake Park  
(If rural, give LOCATION)  
-----  
2.(a) ff veteran, name war-----

3.(a) FULL NAME  
Franklin Reed Bittinger  
3.(b) Social Security Number  
218-07-0508

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
6.(b) Name of husband or wife Elizabeth Moon Bittinger  
B.(c) If alive, give age 52 years  
7. Birth date of deceased (mo., day, yr.) September 6, 1892  
8. AGE: Years 53 Months 4 Days -- If less than one day  
-----hrs. -----min.

9. Birthplace Crellin; Garrett Co., Md.  
(Town, county, and state)  
10. Usual occupation Farmer  
11. Industry or business Own Farm  
12. Name Sampson Bittinger  
13. Birthplace Garrett Co., Md.  
14. Maiden name Barbara Engle  
15. Birthplace Garrett Co., Md.

18. Informant Lenwood Bittinger  
Address Mt. Lake Park, Md.

17. Burial Date thereof Jan. 7, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Pleasant Valley Cemetery  
Location 2 Mi. S W Mt. Lake Park

19. Funeral director Vernest P. Leighton  
Address Oakland, Ma.

19. Jan 7 - 1946 Julius A. Rowan  
(Date rec'd by registrar) (local Registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH January 5, 1946 at 8:30A M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9/14/46 to Jan 5 1946  
and that I last saw him alive on December 29 1945

Immediate cause of death Acute pulmonary edema DURATION 1 week

Due to Myocardial valvular disease 10 yrs.

Due to Probably rheumatic ?

Other conditions  
(Include pregnancy within 3 months of death)

Major findings of operations.  
Date of op.

Autopsy results.  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Harold C. Miller, MD M. D. or other  
Eglon W. R. Address Date signed 1/7/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

8050-10-510

RECEIVED

JAN 28 1946

BUREAU V.S.

JAN. 28, 1946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 982

## CERTIFICATE OF DEATH

00608

Reg. Diat. No. 166

## 1. PLACE OF DEATH:

County GarrettCity or town Mt. Lake Park  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 yrs.Hospital, institution, or street address where death occurred:  
Loch Lynn

How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Mt. Lake Park  
(If outside city or town limits, write RURAL and give nearest town)  
Loch LynnStreet No. ....  
(If rural, give LOCATION)2.(a) If veteran, name war No

## 3.(a) FULL NAME

Robert Campbell

## 3.(b) Social Security Number

None

## 4. Sex

Male

## 5. Color or race

White

## 6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Bertie Alice (Barb) Campbell567. Birth date of deceased (mo., day, yr.) July 24, 1878

6.(c) If alive, give age ..... years

8. AGE: Years 67 Months 5 Days 17 If less than one day  
..... hrs. .... min.9. Birthplace Cross, Mineral Co., W.Va.  
(Town, county, and state) Miner10. Usual occupation Coal Mines11. Industry or business Coal Mines12. Name Robert Campbell13. Birthplace Scotland14. Maiden name Malinda Jane Davis15. Birthplace Garrett Co., Md.16. Informant Mrs. Robert CampbellAddress Mt. Lake Park, Md.17. Burial Davis Cemetery Date thereof Jan. 14, 1946  
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory West Vindex, Garrett Co., Md.Location Otha F. Sharpless18. Funeral director Blaine, W.Va.Address Jan 13, 46 Julia Rowan19. (Date rec'd by registrar) Jan 13, 46 Registrar Julia Rowan

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 46 at 1:45 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 9 46 to Jan 11 46and that I last saw him alive on Jan 11 46Immediate cause of death Acute MyocarditisDue to Arricular FibrillationDue to HypertensionOther conditions Edema of Lungs

(Include pregnancy within 3 months of death)

Major findings of operations: .....

Date of op. ....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury Injured at work?

23. SIGNATURE Ralph Colon Della MD

M. D. or other

Address Rt. 1 Date signed Jan 11-46

RECEIVED  
JAN 28 1946  
BUREAU V.S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 732

## CERTIFICATE OF DEATH

Reg. Dist. No. 006896/896

## 1. PLACE OF DEATH:

County GarrettCity or town Oakland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution? -----

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Oakland

(If outside city or town limits, write RURAL and give nearest town)

Street No. -----

(If rural, give LOCATION)

2.(a) If veteran, name war -----

## 3.(a) FULL NAME

Daniel L. Connaway

## 3.(b) Social Security Number

-----

## 4. Sex

Male

## 5. Color or race

White

## 6.(a) Single, married, widowed, or divorced

Widowed6.(b) Name of husband or wife Eliza Jane Connaway

6.(c) If alive, give age ----- years

7. Birth date of deceased (mo., day, yr.) July 28, 1852

## 8. AGE:

Years

93

Months

5

Days

15

If less than one day

----- hrs. ----- min.

9. Birthplace Fayette Co., Pa.

(Town, county, and state)

## 10. Usual occupation

Farmer

## 11. Industry or business

Own Farm12. Name Valentine Connaway13. Birthplace Penna.14. Maiden name Jane Thomas15. Birthplace Penna.16. Informant Mrs. Russell ThrasherAddress Washington, D. C.

## 17. Burial

(Burial, cremation, or removal, Which?)

Date thereof Jan. 15, 1946

(month) (day) (year)

Cemetery or crematory Oakland CemeteryLocation Oakland, Md.

## 18. Funeral director

Herbert C. LeightonAddress Oakland, Md.

Jan 13, 1946 Julia Rowan  
(Date rec'd by registrar) (Signature) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 12, 1946 at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

September 1942 to January 1946  
and that I last saw him alive on January 10, 1946

Immediate cause of death

Chronic Myocarditis

## DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. -----

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ----- Date of -----

Where did injury occur? ----- (City or town) ----- (County) ----- (State)

Injured at home, farm, industry, public place (where?) -----

Means of injury ----- Injured at work? -----

23. SIGNATURE E. Baumgardner M.D.

M. D. or other

Address Dallanmd Date signed 1/14/46

STATE DEPARTMENT

RECEIVED  
JAN 28 1946  
BUREAU OF



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

## 1. PLACE OF DEATH:

County Garrett  
 City or town Oakland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 40 yrs.  
 Hospital, institution, or street address where death occurred:  
 -----  
 How long in hospital or institution? -----

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Garrett  
 City or town Oakland  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. -----  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war -----

## 3.(a) FULL NAME

Eliza Jane Connaway

## 3.(b) Social Security Number

-----

## 4. Sex

Female

## 5. Color or race

White

## 6.(a) Single, married, widowed, or divorced

Married

## 6.(b) Name of husband or wife

Daniel L. Connaway93 years

## 7. Birth date of deceased (mo., day, yr.)

October 5, 1858

## 8. AGE:

Years

87

Months

3

Days

2

If less than one day

----- hrs. ----- min.

## 9. Birthplace

Garrett Co., Md.

(Town, county, and state)

## 10. Usual occupation

House Wife

## 11. Industry or business

Own Home

## FATHER

## 12. Name

William Ashby

## 13. Birthplace

Garrett Co., Md.

## MOTHER

## 14. Maiden name

Helen Thayer

## 15. Birthplace

Mass.

## 16. Informant

Mrs. James A. Duffey

## Address

Oakland, Md.

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Jan. 9, 1946

(month) (day) (year)

## Cemetery or crematory

Oakland Cemetery

## Location

Oakland, Md.

## 18. Funeral director

Herbert C. Leighton

## Address

Oakland, Md.

## 19.

Jan 8  
(Date rec'd by registrar)

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## MEDICAL CERTIFICATION

2D. DATE OF DEATH January 7, 1946 at 7:30A. M

## 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Jan 1942 to Jan 1946  
 and that I last saw him alive on Dec 28 1945

## Immediate cause of death

Chronic Myocarditis

## DURATION

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op. -----

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. ----- Date of -----

Where did injury occur? ----- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -----

Means of injury ----- Injured at work? -----

## 23. SIGNATURE

E. J. Bannister M.D.  
 Address Oakland, Md. Date signed 11/8/46

CERTIFICATE OF DEATH

<p>NAME OF DECEASED</p>		<p>DATE OF DEATH</p>	
<p>AGE</p>		<p>SEX</p>	
<p>RESIDENCE</p>		<p>PLACE OF DEATH</p>	
<p>CAUSE OF DEATH</p>		<p>DATE OF BURIAL</p>	
<p>SIGNATURE OF PHYSICIAN</p>		<p>SIGNATURE OF REGISTRAR</p>	

RECEIVED  
JAN 28 1946  
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

00611

163

## 1. PLACE OF DEATH:

County HarrettCity or town Swanton R.F.D.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County HarrettCity or town Swanton R.F.D.  
(If outside city or town limits, write RURAL and give nearest town)Street No. Chesnut Grove  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

James C. Davis

## 3. (b) Social Security Number

4. Sex

male

5. Color or race

W.

6.(a) Single, married, widowed, or divorced

married

6.(b) Name of husband or wife

Mary E. Davis6.(c) If alive, give age 82 years

7. Birth date of

deceased (mo., day, yr.)

1861

8. AGE:

Years

Months

Days

If less than one day

84

hrs. min.

9. Birthplace

Harrett Co. md  
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER

12. Name

Benjamin Wams

13. Birthplace

Wont. 1 town

MOTHER

14. Maiden name

Wont. Kums

15. Birthplace

16. Informant

Miss W. Wheat

Address

Swanton R.F.D. md.

17.

(Burial, cremation, or removal, Which?)

Burial

Date thereof

Jan. 10-46  
(month) (day) (year)

Cemetery or crematory

Tischner

Location

Chesnut Grove Swanton R.F.D. Md.

18. Funeral director

W. H. F. Fudensh

Address

Piedmont. W. Va.

19.

Date rec'd by registrar

19

46

Dorsey Pallone  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Jan 819 46, at 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1/5/46 to Jan 8and that I last saw him alive on Jan 5 19 46

Immediate cause of death

Myocardial Infarction

Due to

Arteriosclerosis

Due to

Other condition

Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

M. D. or other

Date signed Jan 10 46

DURATION

6 mo2 yr2 yr

1100

WESTERN UNION TELEGRAPH

NEW YORK, N. Y.

CERTIFICATE OF DEATH

AMERICAN LEADER

*Continued*

AMERICAN LEADER

RECEIVED

JAN 14 1946

BUREAU V. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 592

## CERTIFICATE OF DEATH

00612

★ Reg. Dist. No. 166

## 1. PLACE OF DEATH:

County Garrett  
 City or town Oakland, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life time  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Garrett  
 City or town Oakland, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Harriett P. Rodeheaver Dawson.

## 3. (b) Social Security Number

None.

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife Michael Dawson  
Deceased 6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) February 19, 1880

8. AGE: Years 66 Months 11 Days 1 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Deer Park, Md.  
 (Town, county, and state)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name Jackson C. Rodeheaver

13. Birthplace Preston Co., West Va.

14. Maiden name Virginia Friend.

15. Birthplace Swanton, Md.

16. Informant R. Lee Rodeheaver.

Address Deer Park, Md.

17. Burial Date thereof January 20, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Deer Park Cemetery.

Location Deer Park, Md.

18. Funeral director Ernest D. Bolden

Address Oakland, Md.

19. Jan 20, 1946 19. Julius Koun  
 (Date rec'd by registrar) Local Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 18, 1946 7:30 M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased From M.  
Dec. 1945 to January 1946  
 and that I last saw him alive on Jan 6, 1946

Immediate cause of death Decubitus

Due to atrophic arthritis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE E. J. Baumgardner, M.D.  
Oakland, Md. M. D. or other \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed 1/19/46





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95

## CERTIFICATE OF DEATH

00613

166

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County GarrettCity or town Gorman - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 yrs.Hospital, institution, or street address where death occurred: -----How long in hospital or institution? -----

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Rural - Gorman

(If outside city or town limits, write RURAL and give nearest town)

Street No. 3 Mi. W Gorman

(If rural, give LOCATION)

2.(a) If veteran, name war -----

## 3. (a) FULL NAME

Enoch Franklin George

## 3. (b) Social Security Number

-----

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Ida Kerns George6. (c) If alive, give age ----- years7. Birth date of deceased (mo., day, yr.) January 15, 1870

## 8. AGE:

Years

Months

Days

If less than one day

76---1----- hrs.----- min.9. Birthplace Pendleton Co., W. Va.

(Town, county, and state)

## 10. Usual occupation

Farmer

## 11. Industry or business

## FATHER

## 12. Name

Reuben George

## 13. Birthplace

Pendleton Co., W. Va.

## MOTHER

## 14. Maiden name

Unknown

## 15. Birthplace

16. Informant Mrs. James Aronhalt

## Address

Gorman, W. Va.17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Jan. 19, 1946

(month) (day) (year)

Cemetery or crematory Mayle CemeteryLocation 2 Mi. E. Mt. Lake Park, Md.

## 18. Funeral director

Herbert C. Leighton

## Address

Oakland, Md.19. Jan 18, 1946

(Date rec'd by registrar)

19. Julia Rowan

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 16, 1946 6:00A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 2, 1946 to Jan 10, 1946and that I last saw him alive on Jan 2, 1946Immediate cause of death Accidental

## DURATION

Due to -----Due to -----Other conditions -----

(Include pregnancy within 3 months of death)

Major findings of operations -----Date of op. -----Autopsy results -----

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ----- Date of -----Where did injury occur? ----- (City or town) (County) (State)Injured at home, farm, industry, public place (where?) -----Means of injury ----- Injured at work? -----23. SIGNATURE W. G. Driskwater Jr.

M. D. or other

Address Gorman Date signed Jan 18, 1946

CERTIFICATE OF DEATH

RECEIVED  
JAN 28 1946  
BUREAU V. B.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *BA*

## CERTIFICATE OF DEATH

00614

Reg. Dist. No. *164*

### 1. PLACE OF DEATH:

County *Garett*  
City or town *Accident*  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? *12 Years*  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State *Md* County *Garett*  
City or town *Accident*  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3.(a) FULL NAME

*Solomon Glass*

### 3.(b) Social Security Number

*None*

4. Sex *M* 5. Color or race *W* 6.(a) Single, married, widowed, or divorced *Married*

6.(b) Name of husband or wife *Anna E Glass*

6.(c) If alive, give age *83* years

7. Birth date of deceased (mo., day, yr.) *February 5- 1860*

8. AGE: Years *85* Months *II* Days *19* If less than one day  
.....hrs. ....min.

9. Birthplace *R.D.3 Accident Md*  
(Town, county, and state)

10. Usual occupation *Retired Farmer*

### 11. Industry or business

12. Name *Joseph Glass*

13. Birthplace *(Rural) Accident, Md.*

14. Maiden name *Mary Speicher*

15. Birthplace *Mechanicsburg, Pa.*

16. Informant *Christ Glass*

Address *R.D. Accident Md*

17. Burial Date thereof *1-27-1946*  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory *Accident*

Location *Accident Md*

18. Funeral director *Wm Winterburg*

Address *Grantsville Md*

19. *Jan 26- 1946* *Emma S. Speerlein*  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

2D. DATE OF DEATH *January 24* 19 *46* at *2* p. *M*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Nov 1* 19 *45* to *Jan 24* 19 *46*  
and that I last saw him alive on *Jan 1* 19 *46*

Immediate cause of death *Chronic Hypertension* DURATION *2 yrs*

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE *M. P. Davis M.D.* M. D. of other

Address *Grantsville Md* Date signed *Jan 24*

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
JAN 31 1946  
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00615

Reg. Diet. No. 166

## 1. PLACE OF DEATH:

County GarrettCity or town Oakland, Maryland.  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Oakland, Md.  
(If outside city or town limits, write RURAL and give nearest town)Street No. ....  
(If rural, give LOCATION)

2(a) If veteran, name war .....

## 3. (a) FULL NAME

Mahlon Carleton Hinebaugh.

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widower6. (b) Name of husband or wife Eva Robinson HinebaughDeceased

6. (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 14th, 18688. AGE: Years Months Days If less than one day  
77 6 18 ..... hrs. .... min.9. Birthplace Accident, Maryland.  
(Town, county, and state)10. Usual occupation Medical Doctor.

## 11. Industry or business

12. Name William Hinebaugh.13. Birthplace Pennsylvania.14. Maiden name Elizabeth Glotfelty.15. Birthplace Maryland.16. Informant Mrs. Neil C. Fraley.Address Oakland, Md.17. Burial Date thereof Jan. 5/46.  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Oakland, cemetery.Location Oakland, Md.18. Funeral director Eugene D. Bolden.Address Oakland, Md.19. Jan 4 46 Julius A. Rowen  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 2 1946, at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1938, to Jan 1946and that I last saw him alive on January 2 1946Immediate cause of death Coronary thrombosis

## DURATION

Due to .....

Due to .....

Other conditions Arteriosclerosis

(Include pregnancy within 8 months of death)

Major findings of operations .....

Date of op. ....

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury Injured at work?

23. SIGNATURE E. J. Baumgartner M.D. M. D., or otherAddress Oakland, Md. Date signed 1/3/46

STANDARD FORM NO. 64

STANDARD FORM NO. 64

RECEIVED  
JAN 7 1946  
BUREAU V.F.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age of deceased is shown on

is especially important. Physicians: please write the causes of death clearly and legibly.

# Evidence for change of age MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 23

00616

FILM No. I 00 FEB 14 1946

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

## 1. PLACE OF DEATH:

County Garrett

City or town Crellin, Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 45 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett

City or town Crellin, Md.  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Eliza Jane<sup>1</sup> Lee.

## 3. (b) Social Security Number

None

## 4. Sex

female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

M rried

## 8. (b) Name of husband or wife

Hamilton Henry Lee.

## 7. Birth date of deceased (mo., day, yr.)

July 21st 18788. (c) If alive, give age 68 years

## 8. AGE:

67

Years

Months

66

6

Days

8

If less than one day

hrs.

min.

## 9. Birthplace

Bismark, W. Va.

(Town, county, and state)

## 10. Usual occupation

House wife

## 11. Industry or business

FATHER  
MOTHER

## 12. Name

John Cosner.

## 13. Birthplace

Bismark, W. Va.

## 14. Maiden name

Unis Cosner.

## 15. Birthplace

Bismark, W. Va.

## 16. Informant

Hamilton H. Lee.

## Address

Crellin, Md.

## 17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof Feb. 1/46  
(month) (day) (year)

## Cemetery or crematory

Oak Grove Cemetery.

## Location

Near Gorman, Md.

## 18. Funeral director

Ernest D. Bolden

## Address

Chabland, Md.

## 19.

Jan 31 1946  
(Date rec'd by registrar)

19.

46

Julia Rowan

Registrar

## MEDICAL CERTIFICATION

P.M

20. DATE OF DEATH January 29th 1946 at 1:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1946 On Jan. 29, 1946and that I last saw her alive on January 29, 1946Immediate cause of death Cerebralhemorrhage, etc.

## DURATION

Due to Arterio sclerosisDue to Hypertension Malignant

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE G.E. Mearns, M.D.

M. D. or other

Address Oakland, Maryland Date signed 2/2/46

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FEB 6 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 98-20

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

## 1. PLACE OF DEATH:

County GarrettCity or town Oakland  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 yrs.Hospital, institution, or street address where death occurred:  
-----

How long in hospital or institution? -----

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Oakland  
(If outside city or town limits, write RURAL and give nearest town)Street No. -----  
(If rural, give LOCATION)

2.(a) If veteran, name war -----

## 3. (a) FULL NAME

George W. Loar

## 3. (b) Social Security Number

-----

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Single

B. (b) Name of husband or wife -----

6. (c) If alive, give age ----- years

7. Birth date of deceased (mo., day, yr.) August 31, 18668. AGE: Years 79 Months 4 Days 28 If less than one day  
----- hrs. ----- min.9. Birthplace Piedmont; Mineral Co., W. Va.  
(Town, county, and state)  
Jeweler

10. Usual occupation -----

11. Industry or business Retail Jeweler12. Name David Henry Loar13. Birthplace Oakland, Md.14. Maiden name Mary Catherine Wheeler15. Birthplace Oakland, Md.16. Informant Miss Grace DoarAddress Oakland, Md.17. Burial Jan. 29, 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Oakland CemeteryLocation Oakland, Maryland.18. Funeral director Herbert C. LeightonAddress Oakland, Md.19. Jan. 28, 1946 Julia A. Rowan

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 27, 1946 5:30A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
December 9, 1945 to January 27, 1946and that I last saw him alive on January 26, 1946Immediate cause of death Myocardial degeneration and myocarditis

## DURATION

Due to Central hemorrhage 2 yearsDue to Arteriosclerosis

Other conditions -----

(Include pregnancy within 3 months of death)

Major findings of operations -----

Date of op. -----

Autopsy results -----

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ----- Date of -----

Where did injury occur? ----- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -----

Means of injury ----- Injured at work? -----

23. SIGNATURE P. S. Chance, M.D. M. D. or otherAddress Oakland, Maryland Date signed 1/27/46

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FEB 6 1946

BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

## CERTIFICATE OF DEATH

Reg. Dist. No. 006186

## 1. PLACE OF DEATH:

County Garrett  
 City or town Loch Lynn, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 50 years  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett  
 City or town Loch Lynn, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Estella Virginia Martin.

## 3. (b) Social Security Number

None.

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Married.8. (b) Name of husband or wife Charles P. Martin.6. (c) If alive, give age 71 years7. Birth date of deceased (mo., day, yr.) April 13th, 1872.8. AGE: Years Months Days If less than one day  
73 9 5 hrs. min.9. Birthplace Mineral County, West Va.  
(Town, county, and state)10. Usual occupation House wife

11. Industry or business

12. Name W. T. Peters.13. Birthplace Virginia.14. Maiden name Sarah Catherine Roderick15. Birthplace Virginia.16. Informant Mr. Brittan Martin.Address Loch Lynn, Md.17. Burial Date thereof January 20/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Oakland Cemetery.Location Oakland, Md.18. Funeral director Emory D. Balder.Address Oakland, Md.19. Jan. 19 19 46 Julia Rowan  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 18th 1946 at 2:00 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 16 1934 to Jan. 18 1946  
and that I last saw him alive on January 15 1946Immediate cause of death Cerebral Arterio sclerosis

DURATION

15 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Address Oakland, Md. Date signed 1/19/46

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JAN 28 1946

BUREAU V.B.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 103

## CERTIFICATE OF DEATH

Reg. Diat. No. 00619 161

## 1. PLACE OF DEATH:

County..... Garrett  
 City or town..... near Friendsville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... see her file  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... MD County..... Garrett  
 City or town..... near Friendsville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Goldie Alice Michaels

## 3. (b) Social Security Number

4. Sex..... F 5. Color or race..... W 6.(a) Single, married, widowed, or divorced..... Single

## 6.(b) Name of husband or wife

Nov. 18 - 1945

7. Birth date of deceased (mo., day, yr.)..... Jan 23 - Oct. 18, 1945 8.(c) If alive, give age..... 3m 5d years

8. AGE: Years..... Months..... Days..... It less than one day.....  
3 5 hrs. min.

9. Birthplace..... MD  
 (Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name..... James R. Michaels13. Birthplace..... MD14. Maiden name..... Laura Sines15. Birthplace..... MD16. Informant..... James R. MichaelsAddress..... Friendsville MD17. Burial..... Burial Date thereof..... Jan 24 - 46

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory..... Sand Spring MDLocation..... near Friendsville MD18. Funeral director..... H. H. SavageAddress..... Friendsville MD19. Date rec'd by registrar..... 1/24 19 46Registrar..... Joe C. Cook

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... Jan - 23 - 1946 at 1 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan - 22 - 1946 to Jan - 23 - 1946 and that I last saw her alive on Jan - 22 - 1946

Immediate cause of death..... Lobar Pneumonia  
 DURATION..... 2 days

Due to..... Mal nutrition  
 ?

Due to..... 1

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... H. B. Mummery

M. D. or other

Address..... Addison - 199 Date signed..... 1-23-46

CERTIFICATE OF DEATH

1. Name of deceased (Print or write full name)

2. Sex (Male or Female)

3. Age (Years and months)

4. Date of birth (Month, day, year)

5. Place of birth (City, town, or village)

6. Usual residence (City, town, or village)

7. Date of death (Month, day, year)

8. Time of death (Hour, minute)

9. Cause of death (State immediately preceding cause)

10. Cause of death (State underlying cause)

11. Cause of death (State remote cause)

12. Place of death (City, town, or village)

13. Date of burial (Month, day, year)

14. Place of burial (City, town, or village)

15. Name of funeral home (City, town, or village)

16. Name of physician (City, town, or village)

17. Name of coroner (City, town, or village)

18. Name of registrar (City, town, or village)

19. Name of undertaker (City, town, or village)

20. Name of cemetery (City, town, or village)

21. Name of church (City, town, or village)

22. Name of funeral home (City, town, or village)

23. Name of physician (City, town, or village)

24. Name of coroner (City, town, or village)

25. Name of registrar (City, town, or village)

26. Name of undertaker (City, town, or village)

27. Name of cemetery (City, town, or village)

28. Name of church (City, town, or village)

29. Name of funeral home (City, town, or village)

30. Name of physician (City, town, or village)

31. Name of coroner (City, town, or village)

32. Name of registrar (City, town, or village)

33. Name of undertaker (City, town, or village)

34. Name of cemetery (City, town, or village)

35. Name of church (City, town, or village)

36. Name of funeral home (City, town, or village)

37. Name of physician (City, town, or village)

38. Name of coroner (City, town, or village)

39. Name of registrar (City, town, or village)

40. Name of undertaker (City, town, or village)

41. Name of cemetery (City, town, or village)

42. Name of church (City, town, or village)

43. Name of funeral home (City, town, or village)

44. Name of physician (City, town, or village)

45. Name of coroner (City, town, or village)

46. Name of registrar (City, town, or village)

47. Name of undertaker (City, town, or village)

48. Name of cemetery (City, town, or village)

49. Name of church (City, town, or village)

50. Name of funeral home (City, town, or village)

51. Name of physician (City, town, or village)

52. Name of coroner (City, town, or village)

53. Name of registrar (City, town, or village)

54. Name of undertaker (City, town, or village)

55. Name of cemetery (City, town, or village)

56. Name of church (City, town, or village)

57. Name of funeral home (City, town, or village)

58. Name of physician (City, town, or village)

59. Name of coroner (City, town, or village)

60. Name of registrar (City, town, or village)

61. Name of undertaker (City, town, or village)

62. Name of cemetery (City, town, or village)

63. Name of church (City, town, or village)

64. Name of funeral home (City, town, or village)

65. Name of physician (City, town, or village)

66. Name of coroner (City, town, or village)

67. Name of registrar (City, town, or village)

68. Name of undertaker (City, town, or village)

69. Name of cemetery (City, town, or village)

70. Name of church (City, town, or village)

71. Name of funeral home (City, town, or village)

72. Name of physician (City, town, or village)

73. Name of coroner (City, town, or village)

RECEIVED

JAN 26 1945

BUREAU V & B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83d

## CERTIFICATE OF DEATH

Reg. Diat. No. 00620/161

1. PLACE OF DEATH: Garyett  
 County.....  
 City or town.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Very short while  
 Hospital, institution, or street address where death occurred:  
 .....  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State.....MD County.....Garyett  
 City or town.....Friendsville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

3. (a) FULL NAME William A. Murphy  
 4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed

3. (b) Social Security Number

6. (b) Name of husband or wife.....  
 7. Birth date of deceased (mo., day, yr.) Dec. 29-1854 8. (c) If alive, give age..... years  
 8. AGE: Years 91 Months 1 Days 1 If less than one day..... hrs. .... min.

9. Birthplace.....  
 (Town, county, and state)  
 10. Usual occupation.....farmer

11. Industry or business.....  
 12. Name Mr B. Murphy  
 13. Birthplace MD  
 14. Maiden name Sarah Michael  
 15. Birthplace MD

16. Informant J. A. Murphy  
 Address Friendsville MD  
 17. (Burial, cremation, or removal, Which?) Date thereof 2-2-46  
 (month) (day) (year)

Cemetery or crematory Johns. Son.  
 Location 4 mi. West of Paulsburg

18. Funeral director H. H. Savage  
 Address Friendsville MD

19. (Date rec'd by registrar) 2-1-46 Registrar See C. P. Cook

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 30 1946 at 9:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan-25- 1946 to Jan-30- 1946 and that I last saw him alive on Jan-30- 1946

Immediate cause of death.....

DURATION

Hypostatic Pneumonia 24 hrs  
 Due to.....

Due to Senility  
Intelligence (C) 5 days  
 Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE J. B. Berman M. D. or other.....Address Adelphi - Pq Date signed 2-1-46

RECEIVED

FEB 5 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age  
is shown on

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

00621  
166

FILM No. I 00 FEB 5 1946

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

### 1. PLACE OF DEATH:

County..... Garrett  
City or town..... Oakland, Md.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?..... Life time  
Hospital, institution, or street address where death occurred:  
.....  
.....

How long in hospital or institution?.....

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Garrett  
City or town..... Oakland, Md.  
(If outside city or town limits, write RURAL and give nearest town)

Street No.....  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

### 3. (a) FULL NAME

Mary Martha Ervin Nethken

### 3. (b) Social Security Number

None

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White Widow

6.(b) Name of husband or wife..... Thomas Nethkin.

Deceased

B.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) August 1st, 1853.

8. AGE: Years Months Days If less than one day  
92 01 5 8 ..... hrs. .... min.

9. Birthplace..... Maryland.  
(Town, county, and state)

10. Usual occupation..... House wife

11. Industry or business.....

12. Name..... Nelson Ervin.

13. Birthplace.....

14. Maiden name..... Harriett Enlow.

15. Birthplace..... Sang Run Maryland.

16. Informant..... Mrs. Nellie Shaffer.

Address..... Oakland, Md., Route.

17. Burial Date thereof..... Jan. 11/45  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Oakland Cemetery.

Location..... Oakland, Md.

18. Funeral director..... Emory D. Bolden

Address..... Oakland, Md.

19. Jan 10. 19 46 Julia P. Town  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH..... January 8th, 19 46, at 3:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from P.M.  
December 30, 19 45, to January 8, 19 46.

and that I last saw her..... alive on January 3, 19 46.

Immediate cause of death.....

Brucellosis.

Due to.....

Arterio Sclerosis

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death) .....

Major findings of operations.....

.....Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury..... Injured at work? .....

23. SIGNATURE..... A.E. Mauer M.D.

Address..... Oakland. Date signed..... 8 Jan 46

RECEIVED

JAN 28 1945

BUREAU V.F.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

## CERTIFICATE OF DEATH

00622

Reg. Dist. No. 170

## 1. PLACE OF DEATH:

County... Garett  
 City or town... Rural Near Grantsville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 84 Years  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md County... Garett  
 City or town... Rural Near Grantsville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war

## 3. (a) FULL NAME

David Pope

## 3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced  
Widowed

6. (b) Name of husband or wife Elizabeth Pope

6. (c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.) February 22- 1854

8. AGE: Years 91 Months 10 Days 13 If less than one day  
 hrs. min.

9. Birthplace Near Frostburg Md  
(Town, county, and state)10. Usual occupation Retired Farmer

11. Industry or business

12. Name Philip Pope13. Birthplace Germany14. Maiden name Dorothy Fisher15. Birthplace Germany16. Informant Herbert PopeAddress Frostburg Md

17. Burial Date thereof I-7-1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt ZionLocation Rural Near Grantsville On-R-4018. Funeral director John McIntireAddress Grantsville Md

19. Jan 7 19 46 Geo B Bowers  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4 19 46 at 11:20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
1944 to Jan 4 19 46  
 and that I last saw him alive on Nov 12 19 40

Immediate cause of death arterio sclerosis  
senility

Due to senility

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm Pope M. D. or otherAddress Frostburg Md Date signed Jan 5 1946

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 14 1946

BUREAU V.E.

RECEIVED

JAN 14 1946

BUREAU V.E.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

## CERTIFICATE OF DEATH

Reg. Diat. No. 00623 172

### 1. PLACE OF DEATH:

County Garrett  
City or town Vindex  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 33 yrs.  
Hospital, institution, or street address where death occurred:  
Standard  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Garrett  
City or town Vindex  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Standard  
(If rural give LOCATION)  
2.(a) If veteran, name war

### 3.(a) FULL NAME

William Puffenbarger

### 3.(b) Social Security Number

NONE

4. Sex Male

5. Color or race White

6.(a) Single, married, widowed, or divorced  
Married

8.(b) Name of husband or wife Julia Frances (Lewis) Puffenbarger  
6.(c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) October 30, 1874

8. AGE: Years 71 Months 2 Days 27  
If less than one day  
.....hrs. ....min.

9. Birthplace Near Elk Garden, Mineral Co., W.Va.  
(Town, county, and state)

10. Usual occupation Miner & local Minister  
Coal Mines

11. Industry or business Christopher Puffenbarger  
Pendleton Co., W.Va.

12. Name Melvina Simmons  
13. Birthplace Pendleton Co., W.Va.

14. Maiden name C.F. Puffenbarger  
15. Birthplace Blaine, W.Va.

16. Informant Blaine, W.Va.  
Address

17. Burial Jan. 29, 1946  
(Burial, cremation, or removal. Which?)  
(month) (day) (year)  
I.O.O.F. Cemetery  
Cemetery or crematory  
Elk Garden, W.Va.  
Location

18. Funeral director Otha F. Sharpless  
Address Blaine, W.Va.

19. Jan 29 19 46  
(Date rec'd by registrar) Registrar W. B. Bannister

### MEDICAL CERTIFICATION

20. DATE OF DEATH January 27 19 46 at 3:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 27 to Jan 27 19 46  
and that I last saw him alive on Jan 27 19 46  
Immediate cause of death Pneumonia

Due to Asphyxia  
Due to Asphyxia  
Other conditions Diabetes Mellitus  
(Include pregnancy within 3 months of death)  
Major findings of operations  
Date of op.  
Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE Ralph Culaychella  
M. D. or other  
Address 107 E. 1st St.  
Date signed 1/28/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 3 1946

BUREAU

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

## CERTIFICATE OF DEATH

00624

Reg. Dist. No. 162

### 1. PLACE OF DEATH:

County Garett

City or town Jennings  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Garett

City or town Jennings  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Mary Catherine Ross

### 3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>Widowed</u>
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6. (b) Name of husband or wife James Ross

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) October 7-1861

8. AGE: Years <u>84</u>	Months <u>3</u>	Days <u>16</u>	If less than one day _____ hrs. _____ min.
----------------------------	--------------------	-------------------	---

9. Birthplace R.D. 2 Grantsville Md  
(Town, county, and state)

10. Usual occupation House Work

### 11. Industry or business

12. Name Peter Stark

13. Birthplace Ireland

14. Maiden name Catherine Ann Custer

15. Birthplace R.D. 2 Grantsville Md

16. Informant L.J. Ross

Address R.D. Cumberland Md

17. Burial Date thereof 1-26-1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory New Germany

Location R.D. 2 Grantsville Md

18. Funeral director Wm. Swintberg  
Grantsville Md

19. Jan 25 1946 Ethel Broadwater  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 19 46 at 7 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 19 46 to Jan 23 19 46 and that I last saw him alive on Jan 23 19 46

Immediate cause of death Chronic Myocarditis DURATION 1 yr.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

\_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE M. B. Davis M.D. M. D. or other  
Address Grantsville Md Date signed Jan 25

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 26 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

## CERTIFICATE OF DEATH

00625

Reg. Dist. No. 164

## 1. PLACE OF DEATH:

County Garrett  
 City or town accident  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
Home  
 How long in hospital or institution?       

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State md County Garrett  
 City or town accident  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.         
 (If rural, give LOCATION)  
 2.(a) If veteran, name war no

## 3. (a) FULL NAME

Albert Schlossnagle

## 3. (b) Social Security Number

4. Sex m 5. Color or race white 6.(a) Single, married, widowed, or divorced married  
 6.(b) Name of husband or wife Mary Florence Schlossnagle  
 6.(c) If alive, give age 67 years  
 7. Birth date of deceased (mo., day, yr.) August 5, 1862  
 8. AGE: Years 83 Months 5 Days 7 If less than one day        hrs.        min.

9. Birthplace accident - md -  
 (Town, county, and state)  
 10. Usual occupation Carpenter  
 11. Industry or business on Business  
 12. Name George Schlossnagle  
 13. Birthplace Germany  
 14. Maiden name Mary Dischdel Schlossnagle  
 15. Birthplace Grantsville, Maryland

16. Informant Francis Glass  
 Address Son - in - Law  
 17. Burial Date thereof Jan 15, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Burial  
 Location accident Maryland  
 18. Funeral director Wm Winterberg  
 Address Grantsville Md

19. Jan 13 19 46 Emmad Spierlein  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 19 46, at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 19 45 to Jan 12 19 46  
 and that I last saw him alive on Jan 12 19 46

Immediate cause of death Coronary Thrombosis DURATION 1 day  
Arteriosclerosis 5 yrs  
Hypertension

Other conditions       

(Include pregnancy within 8 months of death)

Major findings of operations        Date of op.       Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide        Date of       Where did injury occur?        (City or town) (County) (State)Injured at home, farm, industry, public place (where?)       Means of injury        Injured at work?       23. SIGNATURE P. Berry mdAddress Piedmont W. D. or other Date signed 1/12/46



RECEIVED

JAN 17 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age of deceased is shown on is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age MARYLAND STATE DEPARTMENT OF HEALTH  
of deceased is shown on 2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 006276

FILM No. I O O JAN 18 1946

## 1. PLACE OF DEATH:

County Garrett  
City or town Oakland, Md.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 10 years.  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Garrett  
City or town Oakland, Md.  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

## 3. (a) FULL NAME

Jay Camden Shaffer.

## 3. (b) Social Security Number

213-18-2485

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male White Married.

6.(b) Name of husband or wife Elsie Shaffer.

6.(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) January 24th, 1890

8. AGE: Years Months Days If less than one day  
55 56 11 10 hrs. min.

9. Birthplace Aurora, W. Va.  
(Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business

12. Name Obed Shaffer.  
13. Birthplace Aurora, W. Va.

14. Maiden name Mary Wotring.

15. Birthplace Aurora, W. Va.

16. Informant Mrs. Joe Rice.

Address Oakland, Md.

17. Burial Date thereof Jan. 6th/46  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Brookside Cemetery.

Location Brookside, W. Va.

18. Funeral director Emory D. Bolden  
Address Oakland, Md.

19. Jan 4 1946 (Date rec'd by registrar) Registrar John Lawton

## MEDICAL CERTIFICATION

20. DATE OF DEATH 3 Jan 46 19 at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 46 to 3 Jan 46 and that I last saw him alive on 3 Jan 46

Immediate cause of death Broncho-pneumonia.

Due to Carcinoma. Metastatic

Due to Carcinoma prostate

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE A-E. Shaffer. M.D. M. D. or other

Address Oakland, Md. Date signed 4 Jan 46

RECEIVED

JAN 7 1946

BUREAU V.R.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 952

## CERTIFICATE OF DEATH

00626

Reg. Dist. No. 162

### 1. PLACE OF DEATH:

County Garett  
City or town R.D. I Grantsville  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 19 Years  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Md County Garett  
City or town R.D. I. Grantsville Md  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2. (a) If veteran, name war

### 3. (a) FULL NAME

William Henry Smearman

### 3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>Widowed</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife Iena Smearman  
6. (c) If alive, give age \_\_\_\_\_ years  
7. Birth date of deceased (mo., day, yr.) April 7-1860  
8. AGE: Years 85 Months 8 Days 27 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

### MEDICAL CERTIFICATION

20. DATE OF DEATH January 3 1946 at 7 p. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 2 1945, to Jan 3 1946 and that I last saw him alive on Jan 2 1946

Immediate cause of death C. bronch. pneumonia 2 yrs  
DURATION

Due to

Due to

Other conditions Arteriosclerosis

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

### 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. R. Davis M.D. M. D. or other

Address Grantsville Md Date signed Jan 4

9. Birthplace R.D. 2 Accident Md  
(Town, county, and state)  
10. Usual occupation Retired Farmer  
11. Industry or business  
12. Name John Casper Smearman  
13. Birthplace Germany  
14. Maiden name Sara Shoemaker  
15. Birthplace Meyersdale Pa  
16. Informant Mrs Melchor George  
Address R.D. I Grantsville Md  
17. Burial Date thereof Jan 6-1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Cove  
Location R.D. 2 Accident Md  
18. Funeral director Wm. Wintersburg  
Address Grantsville Md  
19. Jan 5 1946 E. H. Broadwater  
(Date rec'd by registrar) Registrar

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
JAN 8 1946  
BUREAU V S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00628

Reg. Dist. No. 171

## 1. PLACE OF DEATH:

County... Garrett

City or town... Bittinger  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 Months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md County... Garrett

City or town... Accident  
(If outside city or town limits, write RURAL and give nearest town)Street No.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

James Speicher

## 3. (b) Social Security Number

None

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Lucinda Speicher

6. (c) If alive, give age... years

7. Birth date of

deceased (mo., day, yr.)

February 16 1869

8. AGE:

Years

Months

Days

If less than one day

76

II

4

hrs.

min.

9. Birthplace... Near Bittinger Md

(Town, county, and state)

10. Usual occupation... Retired State Road Worker

11. Industry or business

12. Name... Isaac Speicher

13. Birthplace

Not Known

14. Maiden name... Elizabeth Myers

15. Birthplace... Not Known

16. Informant... Mrs George Stark

Address... Bittinger Md

17. Burial  
(Burial, cremation, or removal. Which?)Date thereof... I-22-1946  
(month) (day) (year)

Cemetery or crematory... Bittinger

Location... Bittinger Md

18. Funeral director... Wm Wintersberg

Address... Grantsville Md

19. Jan. 21 1946  
(Date rec'd by registrar)J.B. Emery  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... January 20 1946 at 5 p. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 1 1945 to Jan 20 1946  
and that I last saw him alive on Jan 18 1946

Immediate cause of death

Chronic interstitial  
nephritis

DURATION

2 yrs

Due to

Due to

Other conditions

Chronic myocarditis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

N. R. Davis M.D.  
Grantsville Md M. D. or other  
Date signed Jan 21

RECEIVED  
JAN 24 1946  
BUREAU V.B.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 153

00629, 66

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County GarrettCity or town Oakland, Md. Route  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? .....

Hospital, institution, or street address where death occurred:

How long in hospital or institution? .....

## 3. (a) FULL NAME

Bobby Gorman Thomas.

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Single

6. (b) Name of husband or wife .....

7. Birth date of deceased (mo., day, yr.) April 25th, 1945. 6. (c) If alive, give age ..... years8. AGE: Years Months Days If less than one day  
7 14 hrs. min.9. Birthplace Oakland, Md.  
(Town, county, and state)

10. Usual occupation .....

11. Industry or business .....

12. Name Alvy E. Thomas.13. Birthplace Maryland.14. Maiden name Evelyn Knox.15. Birthplace Maryland.16. Informant Mr. E.R.Knox.Address Oakland, Md.17. Burial Date thereof January 9/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Glen Dale CemeteryLocation Near Swanton, Md.18. Funeral director Emory D. BalfourAddress Oakland, Md.19. Jan 9 1946 Julius Rowan  
(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Oakland, Md., Route  
(If outside city or town limits, write RURAL and give nearest town)Street No. ....  
(If rural, give LOCATION)

2. (a) If veteran, name war .....

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 8th 1946 at 7:20 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

examined after death 19 .....

and that I last saw him ..... alive on ..... 19 .....

Immediate cause of death

Toxic Erythema probably  
Streptococci in nature

DURATION

1 day

Due to .....

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? .....  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury .....

Injured at work? .....

23. SIGNATURE

E. D. Balfour M.D.

M. D. or other

Address

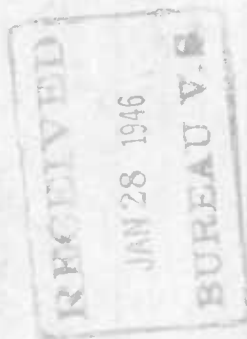
Oakland, Md.Date signed 1/23/46

MARGIN RESERVED FOR BINDING

VS A15 T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Holding to obtain analysis  
from Balto MD



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73d

## CERTIFICATE OF DEATH

00630 / 66  
Reg. Dist. No. ....

### 1. PLACE OF DEATH:

County Garrett  
City or town Mountain Lake Park, Md.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 10 days  
Hospital, institution, or street address where death occurred:  
Keiser Home for the aged.  
How long in hospital or institution? 10 days

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Garrett  
City or town Oakland, Md.  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. ....  
(If rural, give LOCATION)  
2.(a) If veteran, name war .....

### 3. (a) FULL NAME

Miss Nelle Turley.

### 3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Single

6. (b) Name of husband or wife .....

7. Birth date of deceased (mo., day, yr.) 8. (c) If alive, give age ..... years

8. AGE: Years Months Days If less than one day  
92 ..... hrs. .... min.

9. Birthplace .....  
(Town, county, and state)

10. Usual occupation .....

11. Industry or business .....

12. Name .....

13. Birthplace .....

14. Maiden name .....

15. Birthplace .....

16. Informant .....

Address .....

17. Burial Date thereof February 2/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Episcopal Cemetery.

Location Oakland, Maryland.

18. Funeral director Emory Bolden

Address Oakland, Md

19. Feb 1 19 46 John Kawan  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH January 31st 19 46, at 7:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from A. M  
December 25, 19 45, to January 25, 19 46

and that I last saw her alive on January 25, 19 46

Immediate cause of death Myocardial  
regeneration

Due to Arteriosclerosis

Due to .....

Other conditions .....

(include pregnancy within 3 months of death)

Major findings of operations .....

..... Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE C. E. Manner, M.D.

M. D. or other .....

Address Oakland, Maryland Date signed 2/2/46

Data will follow. The only living relative is  
MARGIN RESERVED FOR BINDING  
in state of Florida. Letter presented to  
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age  
is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 6 1946

BUREAU